

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/582809

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1	1	
3		2		2	1	
4		2		2	1	
5		1		2	1	
6		2		2	1	
7		1		2	1	
8		2		2	1	
9		1		2	1	
10		1		2	1	
11		1		2	1	
12		1		2	1	
13		1		1	1	
14		①		1	1	
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		4		2		
20		1		2		
21		1		2		
22		1		2		
23		1		2		
24		1		2		
25		1		2		
26		1		2		
27		1		2		
28		1		1		
29		1		1		
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		6				
37		6				
38		6				
39	1					
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	1		1		1	
TOTAL DEP.		6				
TOTAL CLAIMS		63				

  

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				101		1
52		1				102		1
53		1				103		1
54		1				104		1
55		1				105	1	
56		1				106		1
57		1				107		1
58		1				108		1
59		1				109		1
60		1				110		2
61		1				111		1
62		1				112		1
63		1				113		1
64		1				114		1
65		2				115		1
66		2				116		1
67		2				117		1
68		2				118		1
69		1				119		1
70		1				120		1
71		1				121		1
72		1				122		1
73		1				123		1
74	1					124		1
75		1				125		1
76		1				126		1
77		1				127		1
78		1				128		1
79		1				129		1
80		1				130		1
81		1				131		1
82		1				132		1
83		1				133		1
84		1				134		1
85		1				135		1
86		1				136		1
87		1				137		1
88		1				138		1
89		1				139		1
90		1				140		1
91		1				141	1	
92		1				142		1
93		1				143		1
94		1				144		1
95		1				145		1
96		1				146		1
97		1				147		1
98		1				148		1
99		1				149		1
100		1				150		1
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

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